

Request to Donate Annual Leave To Leave Recipient (*Outside Agency*)

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical

emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule or regulation; or to



agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request

PART A - TO BE COMPLETED BY LEAVE DONOR

1. Name (<i>Last, First, Middle</i>)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level			5. Relationship of Leave Donor to Leave Recipient (<i>if any</i>)
6. Leave Donor's Agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
7. Amount of Annual Leave as of End of Last Pay Period	8. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period		9. Amount of Annual Leave To Be Transferred
10. Leave Recipient's Name, Agency, Agency's Address, Organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
10. Signature			Date Signed

PART B - TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR

INSTRUCTIONS: Upon completion and approve of this form, forward a copy to the leave recipient's employing agency as soon

12. Enter the Amount of Annual Leave to Be Credited to the Leave Recipient's Annual Leave Account 	
13. If the agency is waiving the maximum limitations for the leave donation under the Voluntary Leave Transfer Program, describe the special circumstance	
14. Name of Agency Contact Who Can Provide Further Information	Telephone Number
I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program.  Signature of Authorizing Official and Date Signed	